

## Continuing Education (CE) Annual Activity Summary

### Approved Educators that Do Not Used HPNA as their Nursing CE Provider During the Renewal Period

Effective July 2016, HPNA Approved Educators that **do not use** HPNA as their nursing continuing education provider are required to submit an annual report to HPNA for each calendar year due no later than February 1<sup>st</sup> for the prior calendar year’s activities. The annual report is comprised of two parts;

Part 1. An Annual Activity Summary; and

Part 2. Accompanying supporting documents, including the following:

- a. Advertising/Flyer for the activity
- b. Course Content-PowerPoint for the activity
- c. Evaluation summary of the course outcomes (overall activity tabulation per course) for the activity

Failure to submit both parts by February 1<sup>st</sup> of each year for the prior year’s activity will result in additional fees and/or suspension or permanent removal of approved designation. Please submit the Annual Activity Summary (see example Part 1 below) electronically, along with the accompanying documents (as noted above). The Annual Activity Summary along with the accompanying documents can be uploaded during the online renewal application. A blank form for Part 1 Annual Activity Summary can be found on page of these instructions.

If you have any questions, please contact [CEProgramPlanning@hpna.org](mailto:CEProgramPlanning@hpna.org).

<b>PART 1 Approved Educator (AE) Continuing Education (CE) Annual Activity Summary EXAMPLE:</b>				
<b>AE Name:</b>	<b>CE Activity</b>	<b>Submission Date:</b>	<b>HPNA Membership Number:</b>	
	<b>Report Year:</b>			
<b>Mary Alice May</b>	2015	12/31/16	12345678	
<b>Activity Title</b>	<b>Target Audience</b>	<b>Total Number of Activity Participants</b>	<b>Activity CE Credit Hours Awarded</b>	<b>CE Provider</b>
<b>1. MOLST</b>	RN	27	1.0	ABC Hospice
<b>2. ELNEC Core Ethics</b>	RN; CNA	30 (15 RN; 15 CNA)	1.0	ABC Hospice

**PART 1 Approved Educator (AE) Continuing Education (CE) Annual Activity  
Summary Submission Form:**

AE Name:	CE Activity Report Year:	Submission Date:	HPNA Membership Number:	
	Target Audience	Total Number of Activity Participants	Activity CE Credit Hours Awarded	CE Provider
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				